

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

17CV504

Derek Rosser

RECEIVED
SDNY PRO SE OFFICE
2017 JAN 23 PM 3:05

Write the full name of each plaintiff.

No. _____
(To be filled out by Clerk's Office)

-against-

COMPLAINT
(Prisoner)

SANOFI-AVENTIS- 55 CORPORATE DRIVE
BRIDGE WATER N.J. 08807
DOCTOR WHO PRESCRIBED AMBIEN AT A
MENTAL HEALTH CLINIC, NARCO FREEDOM
METHADONE CLINIC, DETECTIVE PHILLIP ATKINS #3789

Do you want a jury trial?

☐ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other:

*Wrong medications prescribe
resulting in my loss
of freedom*

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Derek H. Rosser

First Name

Middle Initial

Last Name

NONE

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

ID 349-15-12908

NYSID

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

C-95 A.M.K.C.

Current Place of Detention

18-18 HAZEN street.

Institutional Address

East Elmhurst N.Y. 11370

County, City

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other:

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	<u>Pharmaceutical company that manufactures</u>		
	First Name	Last Name	Shield #
	<u>Ambien - Sanofi - Aventis</u>		
	Current Job Title (or other identifying information)		
	<u>55 Corporate Drive</u>		
	Current Work Address		
	<u>Bridge Water N.J. 08807</u>		
	County, City	State	Zip Code
Defendant 2:	<u>Doctor Name Unknown</u>		
	First Name	Last Name	Shield #
	Current Job Title (or other identifying information)		
	<u>150th Street & Cortlandt Ave.</u>		
	Current Work Address		
	<u>Bronx New York</u>		
	County, City	State	Zip Code
Defendant 3:	<u>NARCO Freedom Methadone Clinic</u>		
	First Name	Last Name	Shield #
	<u>Doctor Name Unknown</u>		
	Current Job Title (or other identifying information)		
	<u>138th Street and Grand Concourse</u>		
	Current Work Address		
	<u>Bronx New York</u>		
	County, City	State	Zip Code
Defendant 4:	<u>Phillip Atkins</u> # <u>3789</u>		
	First Name	Last Name	Shield #
	<u>Detective</u>		
	Current Job Title (or other identifying information)		
	<u>13th Precinct</u>		
	Current Work Address		
	<u>New York New York</u>		
	County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: BRONX N.Y. & N.Y. N.Y.

Date(s) of occurrence: November 11th 2015

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

ON Nov. 11th 2015 I WAS ARRESTED FOR ATTEMPTED ROBBERY
IN SECOND DEGREE, AS A RESULT OF MY PRESCRIBE MEDICATIONS.
I WAS SEVERELY BEATEN BY N.Y.P.D OFFICER PHILLIP ATKINS
SHIELD # 3789 AND HIS PARTNER. AS A RESULT OF MY INJURIES
I WAS TAKEN TO BELLEVUE HOSPITAL, 462 FIRST AVE. N.Y. N.Y.
1:30 A.M. EARLIER THE SAME YEAR 2015, I HAD AN ADVERSE
AFFECT FROM XANAX AND METHADONE, AND SPENT A NIGHT IN A
PSYCH WARD, THAT INFORMED MY METHADONE PROGRAM OF
WHAT HAPPENED. MY METHADONE PROGRAM (NARCO FREEDOM)
REFERRED ME TO A MENTAL HEALTH CLINIC THAT PRESCRIBED
AMBIVEN FOR ME. I ALSO HAVE A PINCHED NERVE, AND WAS
RECEIVING LYRICA. WHEN I WENT TO BOTH JACOBI &
LINCOLN HOSPITAL THEY WOULD NOT GIVE ME LYRICA,
BECAUSE I WAS ON METHADONE, AND LYRICA IS A
CONTROLLED SUBSTANCE AND MIXING THE TWO MEDICATION
WOULD NOT BE GOOD. AMBIVEN IS ALSO A CONTROLLED SUBSTANCE
THAT WAS PRESCRIBE TO ME BY A PSYCH I WAS REFERRED
TO, BY MY METHADONE PROGRAM. WHICH RESULTED IN MY
PRESENT INCARCERATION. BY MIXING THE TWO PRESCRIBED
MEDICATIONS. AMBIVEN & METHADONE CAUSED A ADVERSE AFFECT.

Failed to inform the users of side effects of combining Ambien with methadone.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Physically Beaten By Detective Phillip Atkins, memory loss and sleepwalking. I can't recall my medical treatment if any or the details of why I'm incarcerated.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

100 million Dollars

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

1-5-17

Dated

Plaintiff's Signature

First Name

Middle Initial

Last Name

Prison Address

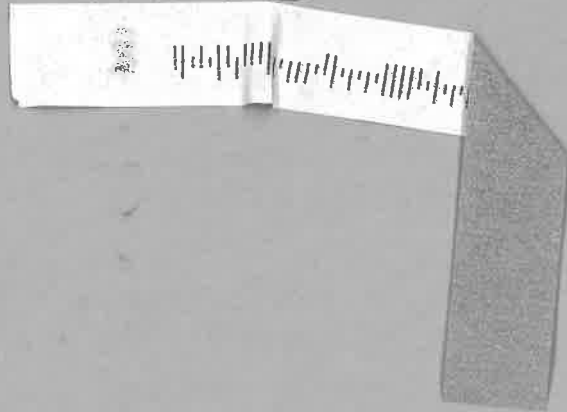
County, City

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

Derek Rosser
18-18 Hazen St.
East Elmhurst N.Y.
11370



RECEIVED
SDNY PRO SE OFFICE
2017 JAN 23 PM 3:08

The Daniel Patrick Moynihan
United States Courthouse
500 Pearl St. Room 200
New York N.Y. 10007-1312

